

COMMONWEALTH OF VIRGINIA
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS

TO:

FROM:

SECTION I - IDENTIFYING INFORMATION

Child's Name: _____ Birthdate: _____
Mother's Name: _____ Father's Name: _____

SECTION II - PLACEMENT STATUS

☐ Initial Placement of Child in Receiving State Date Child Placed in Receiving State: _____
Name of Resource: _____
Address: _____
Type of Care: _____
☐ Placement Change Effective Date of Change: _____
Name of Resource: _____
Address: _____
Type of Care: _____

SECTION III - COMPACT PLACEMENT TERMINATION

☐ Adoption Finalized ☐ In Sending State ☐ In Receiving State ☐ Court Order Attached
☐ Child Reached Majority/Legally Emancipated
☐ Legal Custody Returned to Parent(s) ☐ Court Order Attached
☐ Legal Custody Given to Relative ☐ Court Order Attached
Name: _____ Relationship: _____
☐ Treatment Completed
☐ Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State
☐ Unilateral Termination
☐ Child Returned to Sending State
☐ Child Has Moved to Another State
☐ Proposed Placement Request Withdrawn
Name of Placement Resource: _____
☐ Approved Resource Will Not Be Used for Placement
Name of Approved Placement : _____
☐ Other (Specify): _____

Date of Termination: _____

SECTION IV - SIGNATURES

Person/Agency Supplying Information: _____ Date: _____

Compact Administrator, Deputy or Alternate: _____ Date: _____